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CONFIRMATION NO. 5549

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|--|---|-----------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/522,414   | <b>FILING OR 371(c) DATE</b><br>01/26/2005<br><b>RULE</b>   | <b>CLASS</b><br>102               | <b>GROUP ART UNIT</b><br>3643   | <b>ATTORNEY DOCKET NO.</b><br>CELA:132 |                                |
| <b>APPLICANTS</b><br>Nicolas Eches, Plaimpied Givaudins, FRANCE;<br>Jean-Paul Fauchon, La Chapelle Saint Ursin, FRANCE;  |   |                                   |   |  |                                |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/FR03/01941 06/24/2003  |   |                                   |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br>FRANCE 02/09505 07/26/2002   |   |                                   |   |  |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Allowance<br>Verified and Acknowledged <u>Examiner's Signature</u> <u>PH</u> Initials |   | <b>STATE OR COUNTRY</b><br>FRANCE | <b>SHEETS DRAWING</b><br>7  | <b>TOTAL CLAIMS</b><br>17              | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>27890  |   |                                   |   |  |                                |
| <b>TITLE</b><br>Sealing band for projectile and ammunition provide with such a band  |   |                                   |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>900  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |